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RE: Recommendations for a Medi-Cal Children's Dashboard

Dear Ms. Dodson & Ms. Giy;

We are grateful for the thoughtful effort that DHCS staff have put in developing considerations for a Medi-Cal Children's Dashboard, and are writing to provide comments on the prospective Medi-Cal Children's Dashboard discussed at the March 18th Medi-Cal Children's Health Advisory Panel (MCHAP) meeting.

Foremost, a Medi-Cal Children's Dashboard must regularly provide a comprehensive snapshot of the Medi-Cal delivery system for child enrollees for purposes of: assessing current performance across health plans and populations; identifying areas in need of closer tracking and monitoring; following progress and promise in Quality Improvement activities; and activating policy changes to mitigate barriers and improve performance. We recommend that DHCS have a thorough stakeholder review process of the Medi-Cal Children's Dashboard template upfront to maximize its value, and plan to publicly release the Dashboard to stakeholders and MCHAP members on an on-going basis at least twice annually.

We believe that a Medi-Cal Children's Dashboard should be organized in a helpful, non-duplicative way for digesting the rich amount of data for the objectives identified above, and to that end, we would like to suggest a framework below. Further, whenever possible, we urge DHCS to present the data in as dynamic a form as possible to allow for comparisons across Medi-Cal child populations (e.g., by age, race/ethnicity, and geographic area). We recommend that a Medi-Cal Children's Dashboard should be composed of the following sections:

1. The **Eligibility & Enrollment Section** should replicate and build on the Healthy Families Monthly Enrollment Reports. For example, a Medi-Cal Children's Dashboard should report child enrollment data broken down by: age range; county of residence; race/ethnicity; language spoken; managed care vs. fee-for-service; health plan enrollment; special health care needs; foster care status; etc. In addition, this section should include corresponding renewal metrics, with an annual supplement on retention details.

2. The **Access to Health Care Section** should incorporate all relevant child health access quality measures DHCS has proposed as Managed Care Dashboard Indicators, which we presume come from the same data sources as those used as the CMS Annual CARTS Report Indicators. We also suggest that it would be helpful to have a consolidated list that identifies the commonalities of the indicators across: HEDIS and non-HEDIS, CARTS, EQRO and non-EQRO; and the National Quality of Care Indicators. We also suggest incorporating the data used for the Form CMS-416 reporting requirements, as indicators of preventive care, as well as relevant analyses of and information about provider networks and directories done by DHCS, the Department of Managed Health Care, or the California State Auditor.

3. The **Access to Dental Care Section** should consist of all relevant dental performance indicators for children, including: preventive dental utilization by county; dental treatment services utilization; dental managed care enrollment; Denti-Cal performance metrics; and dental provider participation data with a level of detail for determining ages served, languages spoken, and capacity to serve children with special needs by county. This Section should also provide regular status updates on the implementation of corrective action plans developed by DHCS in response to the recent Denti-Cal audit.

4. The **Access to Mental Health Care Section** should include information and data about children's mental health services utilization, including children with autism spectrum disorders receiving Behavioral Health Treatment (BHT) services, including the number of BHT calls received, the number of children currently receiving BHT services, the number referred for Comprehensive Diagnostic Evaluation (CDE), the number with completed CDEs, the number referred for assessment, the number with completed assessments, and the number of participating BHT providers in the Medi-Cal system.

5. The **Access for Children with Special Health Care Needs (CSHCN) Section** could include information on children enrolled in the California Children's Services (CCS) program, such as data on the utilization of services, care coordination CCS-enrolled providers, as well as updates on CCS pilots and re-design efforts.

6. The **Access to Maternal Health Care Section** should collate all measures about the frequency and timeliness of prenatal and postnatal care, including data on maternal behavioral risk assessment, in recognition of the importance of maternal health on child health. This section should include data on infants and pregnant mothers enrolled in traditional Medi-Cal, as well as those enrolled in the Medi-Cal Access to Care Program (MCAP), formerly called Access for Infants and Mothers (AIM).

7. The **Consumer Experience Section** should include data and analyses of the CAHPS survey, grievances and appeals claims for children, children's continuity of care requests, and other consumer satisfaction data available from health plans, enrollee surveys or focus groups, and/or the Office of the Patient Advocate. The purpose of this section is to identify – to the greatest extent possible – any systemic challenges in

children's access to care that arise across the enrollee experience (i.e., ideally before the point when formal complaints or grievances need to be filed).

8. The **Areas of Quality Improvement Section** should focus on the progress in the specific areas and activities identified in DHCS' Quality Strategy, as well as any indicators or areas of special concern identified on an on-going, but ad hoc, basis by DHCS, MCHAP members, or other stakeholders. The purpose of this section is to bring greater focus to the status of the child-related Quality Improvement Project (QIP) activities of health plans on an on-going basis, as well as a place to bring a spotlight on any elevated areas of concerns, problems, or issues.

9. The **Population Health Improvements Section** should incorporate and align with a few key indicators and goals identified within the Let's Get Healthy California Task Force and other public health goals and objectives. We recognize these indicators are broader than the Medi-Cal population, however because over half of all children in California are enrolled in Medi-Cal, it is important to consider the impacts on population health.

We believe that this comprehensive dashboard for children will nicely align with other initiatives at DHCS; and further, for efficiency's sake, we suggest utilizing and aligning the Medi-Cal Children's Dashboard with other statewide data and initiatives. For example, there are likely many synergies that could be found in aligning the work of the California Department of Public Health, the Office of Statewide Health Planning and Development, and other agencies, as well as efforts like the Health Care Almanac series published by the California HealthCare Foundation (see http://www.chcf.org/almanac). We also suggest that DHCS work with its colleagues at Covered California to develop comparable measures across health coverage programs for children.

Sincerely,

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PICO California

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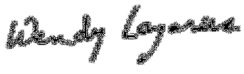

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cc: Members of Medi-Cal Children's Health Advisory Panel (MCHAP@dhcs.ca.gov)